

legislation. Our son battled childhood asthma. It is a really scary thing as a parent to watch a child deal with an asthma attack.

Madam Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. DAVID P. ROE), the champion of this legislation, the great champion for a positive public health outcome for all of us, especially for our veterans.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, today, I rise in support of H.R. 2468, the School-Based Allergies and Asthma Management Program Act, a bill I have been proud to work on with my friend, Leader HOYER, that will help students with asthma excel in an asthma-friendly learning environment.

Madam Speaker, I will say that I had the privilege of visiting Mr. WALDEN's district a few years ago when we were working on the VA MISSION Act, and he explained to me that his congressional district had more square miles than the State of Tennessee. I didn't believe that, but it happens to be true. It has more square miles. And that one statement really helped me in composing that bill.

I also thank Leader HOYER—when he mentioned that in 2013, we didn't know each other very well then, but we got to know each other. And that bill, the EpiPen bill it is called, passed. And in my own community, just a community about 20 miles north of me, not 2, 3 years ago, a middle school student, who didn't know she had allergies, had anaphylaxis, and because the EpiPen was available, because of Mr. HOYER's work and others, that child survived.

I also thank Mr. PALLONE and Mr. WALDEN. Remember the incredible arguments we had about the cost of the EpiPen? I travel with one all the time because I am more concerned about an allergy of some kind when I travel. They always ask on airplanes: "Is there a doctor here?" I am always with one. And you all helped push the price of that down—your work on that did—from \$600, which was absurd for an EpiPen.

And you know, Mr. HOYER, with your daughter, I don't care how much money you have, that is a lot of money to pay. And you have to have two of them, not one. So that price has dropped dramatically because I think a lot of the work this Congress has done.

Last week marked the beginning of fall, as we all know. And for many of us, the cooler weather means the return to football and a new school year—different school year, but back. For millions of other Americans living with asthma, seasonal allergies, and other respiratory diseases, these changes of temperature mean difficulty breathing.

There are roughly 6 million school-aged children in the U.S. currently living with asthma. This is one of the leading causes of absenteeism. In fact, according to the National Asthma Education and Prevention Program, par-

ents have reported that students collectively miss 14 million days of school every year due to asthma alone. While asthma poses serious health risks, it can be effectively managed with proper education, planning, and treatment, and does not have to negatively impact a child's access to education.

The Department of Education and the Department of Health and Human Services both recommend that schools have comprehensive management programs in place to support children with lower airway disorders like asthma and keep these disorders under control while they are at school. Unfortunately, most schools do not have such programs in place. And that is why our bill, the School-Based Allergies and Asthma Management Program uses a proven model to encourage States to ensure schools are prepared to help children suffering from asthma.

The two most important strategies for preparing schools are implementing management plans and ensuring that school staff members are prepared to assist children experiencing an attack. Our bill encourages States to do just that. This type of preparation and management in schools will not only improve a child's health but also ensure that students are able to focus on learning. No student should be at risk in a school because of a failure for them to manage a respiratory disorder. The good news is that together, we can fix this.

The start of the new school year serves as a valuable reminder of the work that still needs to be done, and I look forward to passing this bipartisan legislation today and getting it one step closer to the President's desk so that students with asthma and allergies can focus on their education.

Madam Speaker, I thank my colleagues on both sides of the aisle for their very, very kind comments, and I encourage support of this bill.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Mr. PALLONE. Madam Speaker, I urge support of this legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in support of H.R. 2468, the "School-Based Allergies and Asthma Management Program Act," which would provide important guidance to schools on how to support students who have asthma.

Across the United States nearly 25 million people have been diagnosed with asthma, including almost 7 million children.

Childhood asthma is a common, chronic pediatric condition, affecting 6.3 million children. Morbidity from childhood asthma adversely affects school performance, with 1 in 2 children reporting school absences due to asthma each year.

These asthma related absences influence academic achievement, leading to decreased levels of reading proficiency and increased risk of learning disabilities.

Improving health and school-related outcomes for children with asthma requires the use of school-based partnerships that focus on integrated care coordination amongst families, clinicians, and school nurses.

The best defense to asthma attacks is immediate treatment as soon as symptoms present themselves.

Instead of contributing to the nearly 2 million asthma-related emergency room visits each year, this bill would provide schools with the necessary guidance on how to treat asthma attacks and support lung health of student while in school and at home.

Improving health and school-related outcomes for children with asthma requires the use of school-based partnerships that focus on integrated care coordination amongst families, clinicians and school nurses.

Every day in America 30,000 Americans have an asthma attack, and 11 are killed by them.

The School-based Asthma Management Program as outlined by H.R. 2468, is supported by the American Academy of Allergy, Asthma & Immunology.

For asthma care, the School-based Asthma Management Program has four components to integrate schools, and specifically school nurses, within the asthma care team.

First, the creation of a Circle of Support amongst the families, clinicians and schools' nurses are centered around the child with asthma.

Second, the creation and transmission of Asthma Management Plans to schools, which includes an Asthma Emergency Treatment Plan for emergency management of asthma symptoms and an individualized Asthma Action Plan for each child with asthma.

Third, the development of a comprehensive Asthma Education Plan for school personnel.

Finally, a comprehensive Environmental Asthma Plan to assess and remediate asthma triggers at home and in school.

This bill is supported by the American Academy of Allergy, Asthma and Immunology (AAAAI) and the National Association of School Nurses (NASN).

I ask my colleagues to join me in supporting this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2468, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

FAMILY SUPPORT SERVICES FOR ADDICTION ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5572) to establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5572

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Family Support Services for Addiction Act of 2020”.

SEC. 2. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 553. FAMILY SUPPORT SERVICES FOR INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDER.

“(a) **DEFINITIONS.**—In this section—

“(1) the term ‘family community organization’ means an independent nonprofit organization that—

“(A) mobilizes resources within and outside of the community of families with individuals living with addiction, to provide a support network, education, and evidence-informed tools for families and loved ones of individuals struggling with substance use disorders; and

“(B) is governed by experts in the field of addiction, which may include—

“(i) experts in evidence-informed interventions for family members;

“(ii) experts in the impact of addiction on family systems;

“(iii) families who have experience with substance use disorders and addiction; and

“(iv) other experts in the field of addiction; and

“(2) the term ‘family support services’ means resources or programs that support families that include an individual with substance use disorder.

“(b) **GRANTS AUTHORIZED.**—The Secretary shall award grants to family community organizations to enable such organizations to develop, expand, and enhance evidence-informed family support services.

“(c) **FEDERAL SHARE.**—The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

“(d) **USE OF FUNDS.**—Grants awarded under subsection (b)—

“(1) shall be used to develop, expand, and enhance community and statewide evidence-informed family support services; and

“(2) may be used to—

“(A) build connections between family support networks, including providing technical assistance between family community organizations and peer support networks, and with other family support services, focused on enhancing knowledge of evidence-informed interventions for family members and loved ones of individuals living with substance use disorders and reducing harm by educating service providers on current evidence regarding addiction and the family, including—

“(i) behavioral health providers, including such providers focused specifically on family and couples therapy in the context of addiction;

“(ii) primary care providers;

“(iii) providers of foster care services or support services for grandparents, guardians, and other extended family impacted by addiction; and

“(iv) other family support services that connect to community resources for individuals with substance use disorders, including non-clinical community services;

“(B) reduce stigma associated with the family of individuals with substance use disorders by improving knowledge about addiction and its treatment, providing compassionate support, and dispelling myths that perpetuate such stigma;

“(C) conduct outreach on issues relating to substance use disorders and family support, which may include education, training, and resources with respect to—

“(i) building a resilience- and strengths-based approach to prevention of, and living with, addiction in the family;

“(ii) identifying the signs of substance use disorder;

“(iii) adopting an approach that minimizes harm to all family members; and

“(iv) families of individuals with a substance use disorder, including with respect to—

“(I) navigating the treatment and recovery systems;

“(II) paying for addiction treatment;

“(III) education about substance use disorder; and

“(IV) avoiding predatory treatment programs; and

“(D) connect families to evidence-informed peer support programs.

“(e) **DATA REPORTING AND PROGRAM OVERSIGHT.**—With respect to a grant awarded under subsection (a), not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period, the entity shall submit data, as appropriate and to the extent practicable, to the Secretary regarding—

“(1) the programs and activities funded by the grant;

“(2) health outcomes of the population of individuals with a substance use disorder who received services through programs supported by the grant, as evaluated by an independent program evaluator through the use of outcomes measures, as determined by the Secretary; and

“(3) any other information that the secretary may require for the purpose of ensuring that the grant recipient is complying with all the requirements of the grant.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2021 through 2025.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5572.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 5572, the Family Support Services for Addiction Act of 2020.

According to new data from the Substance Abuse and Mental Health Services Administration, nearly 20 million Americans live with a substance use disorder. While we are making progress in connecting Americans with treatment, the reality is that only a fraction of those Americans receives the care they really need.

The Family Support Services for Addiction Act builds upon recent congressional efforts, such as the 21st Century Cures Act and the SUPPORT for Patients and Communities Act, to help close the treatment gap and get Americans on the road to recovery. We know that families can play a significant role in helping an individual find treatment, yet there isn't a one-size-fits-all solution to ensuring a family member or loved one can get the care they

need. We also know that substance use disorders affect more than just the individual. It affects the family in its entirety.

Madam Speaker, as my colleagues and I heard during our hearings on this bill, getting families evidence-based guidance and connecting them with other community support systems can dramatically influence the trajectory of an individual's path to recovery. That is exactly what this bill sets out to do.

H.R. 5572 would authorize the Secretary of Health and Human Services to award grants to family community organizations that would work to develop, expand, and enhance evidence-based family support services. These family community organizations can use the grant to reduce stigma around substance use disorder and build connections between families and providers, foster care services, and other peer-support services.

Madam Speaker, given the impact of this drug epidemic, chances are that many of us know someone—whether it be a loved one, a neighbor, a co-worker, or a classmate—who has a substance use disorder. And while we know that substance use disorders are complex, they are treatable. An individual's road to treatment can be driven by family supports encouraged through this legislation.

I commend the lead sponsor of this legislation, Representative DAVID TRONE and also Representative DANIEL MEUSER, and their staff, for advocating for additional support for families. I also thank the Democratic and Republican members of our committee, as well as bipartisan committee staff, for working together to move this bill, and I hope the Senate will act on it swiftly.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 5572, the Family Support Services for Addiction Act, which was introduced by Representatives Trone and Meuser.

This legislation would establish grant programs for family community organizations to provide evidence-informed and family-based approaches to substance use and addiction management. Family-based approaches have demonstrated stronger outcomes in substance use disorder recovery when compared with individual approaches, as they address several psychosocial dimensions of addiction and strengthen support networks for affected individuals.

Madam Speaker, the legislation before us today supports family community organizations that are committed to pursuing evidence-based interventions for substance use disorder, reduce the stigma of addiction, and strengthen both families and communities through recovery.

Madam Speaker, I thank our two colleagues that sponsored this important bill, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. TRONE).

Mr. TRONE. Madam Speaker, I rise today to show my support for the millions of families struggling to help their loved ones suffering through addiction.

My family fought to get help for my nephew, Ian, that he needed before he lost his life to an overdose in 2016. It was hard for us to do, even with the resources we had at our disposal.

For most families, it is nearly impossible to navigate our behavioral health system in its current form. It is a confusing system that leaves families like mine with no clue what treatment option is right for their loved one.

Now more than ever, families are on the front lines of this fight. Overdoses are on the rise across America, and COVID-19 is making matters much worse. Every single county in my district saw an increase in overdose deaths last quarter—some as much as 50 percent. And last year, more Americans died of drug overdoses than ever before—more than 70,000.

Madam Speaker, that is why I introduced the Family Support Services for Addiction Act with Congressman DAN MEUSER. This bipartisan bill provides for nonprofits working with families struggling with addiction. The bill will provide grants to reach more families, create more tailored treatments, and save more lives.

Madam Speaker, I thank Congressman MEUSER, Chairman PALLONE, Chairwoman ESHOO, and Ranking Member WALDEN for this much-needed bill. We have got to get this done. Lives are depending on it.

Madam Speaker, I urge a “yes” vote on this legislation.

Mr. WALDEN. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. MEUSER), one of the coauthors of this very, very important and meaningful legislation, who serves Pennsylvania's Ninth Congressional District in the U.S. House.

Mr. MEUSER. Madam Speaker, it is really my honor to be here today in support with Congressman TRONE, and I thank him for his partnership and his leadership on this very important issue.

Madam Speaker, I rise today to offer support for our bill, H.R. 5572, the Family Support Services for Addiction Act, which provides a family and community-based approach to addiction treatment that works to address the deep-seated effects of the addiction crisis on so many families.

The opioid epidemic is ravaging my district and many States across America, and all of Pennsylvania is by no means an exception. In 2017, Pennsylvania experienced 5,456 drug-related

overdose deaths. It has impacted virtually every family throughout the Commonwealth.

Far too many families struggling with substance use disorder feel like they have nowhere to turn for the resources and very important information.

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This bill would establish a grant program for family community organizations that provide support for families of individuals struggling with substance use disorder. These services can include information and referral sources, support groups, system navigation to assist the family in finding resources, parent training and education, specialized crisis support, and, really, much, much more, again, where they currently don't know where to turn.

As a member of the Freshman Working Group on Addiction, I am very proud to be the Republican lead on a bill that takes critical steps to help families feel empowered and equipped to support their loved ones struggling with substance use disorder.

I again want to very, very sincerely congratulate and thank Congressman DAVID TRONE for his hard work, his dedication, and his great care in helping those suffering from drug addiction.

I encourage my colleagues to support this bill, and I urge its swift passage.

Mr. WALDEN. Madam Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge support for the bill, and I yield back the balance of my time.

Ms. ESHOO. Madam Speaker, I rise in support of H.R. 5572, the “Family Support Services for Addiction Act of 2020.” I'm proud to have advanced this bipartisan bill through my Health Subcommittee and I'm pleased to support it on the Floor today.

H.R. 5572, the “Family Support Services for Addiction Act of 2020” was introduced by Reps. DAVID TRONE (D-MD) and DANIEL MEUSER (R-PA) and provides grants to community organizations that provide support services for families and family members living with substance use disorders or addiction. When family members are empowered and supported to help their loved one struggling with substance use disorder, patients and families achieve better outcomes.

The Centers for Disease Control and Prevention estimated that more than 70,000 people died in the U.S. from an opioid overdose in 2019. These numbers are projected to be higher in 2020, in part because of the COVID pandemic. We have to do everything we can to address the substance use disorder crisis by helping patients and their families. I urge my colleagues to support this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5572, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3 of House Resolution 965, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.R. 1812. An act to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to certain individuals.

H.R. 2372. An act to direct the Comptroller General of the United States to conduct an assessment of all memoranda of understanding and memoranda of agreement between Under Secretary of Health and non-Department of Veterans Affairs entities relating to suicide prevention and mental health services.

H.R. 4779. An act to extend the Undertaking Spam, Spyware, And Fraud Enforcement With Enforcers beyond Borders Act of 2006, and for other purposes.

H.R. 6168. An act to increase, effective as of December 1, 2020, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 2693. An act to improve oversight by the Federal Communications Commission of the wireless and broadcast emergency alert systems.

SCHOOL-BASED HEALTH CENTERS REAUTHORIZATION ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2075) to amend the Public Health Service Act to reauthorize school-based health centers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2075

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “School-Based Health Centers Reauthorization Act of 2020”.

SEC. 2. REAUTHORIZATION OF SCHOOL-BASED HEALTH CENTERS.

(a) ELIMINATION OF LIMITATION ON ELIGIBILITY OF HEALTH CENTERS.—

(1) REPEAL.—Section 399Z-1(f)(3) of the Public Health Service Act (42 U.S.C. 280h-5(f)(3)) is amended by striking subparagraph (B).

(2) CONFORMING CHANGE.—Section 399Z-1(f)(3) of the Public Health Service Act (42 U.S.C. 280h-5(f)(3)) is amended by striking